

# SHERWOOD REGIONAL FAMILY YMCA PROGRAM INFORMATION & HEALTH FORM

Participant's Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

## EMERGENCY CONTACTS (PARENT/GUARDIAN)

1<sup>st</sup> Contact/Parent's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ Relationship \_\_\_\_\_

(If different from child's)

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

## OTHER EMERGENCY CONTACT (S)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

## PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING

Check (x) each item indicating approval.

\_\_\_\_\_ In an emergency, the YMCA and The City of Sherwood has my permission to call an ambulance or transport me/my child to any available physician or hospital at my expense.

\_\_\_\_\_ In an emergency, the YMCA and The City of Sherwood has my permission to obtain medical treatment for me/my child, with the following restrictions: \_\_\_\_\_

\_\_\_\_\_ I do not wish for myself/my child to receive any medical treatment.

\_\_\_\_\_ I/my child may be given medication. I understand the Medication Authorization Form must be completed prior to administering.

\_\_\_\_\_ I/my child may be photographed for publicity or news purposes.

\_\_\_\_\_ The YMCA has permission to transport my child using the YMCA van for camp purposes.

## HEALTH INFORMATION

Does your child have any known allergies?

Please list:

\_\_\_\_\_

\_\_\_\_\_

Are there any special medical condition or restrictions to be aware of?

\_\_\_\_ Please List \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Individual's Name on Insurance Policy \_\_\_\_\_

This is to certify that the information listed on both the Information and Health Forms have been completed to the best of my knowledge and that I/my child(ren) is in good health and free of disabilities that would endanger myself/him/her or other people. In addition, I hereby, for myself, my child/dependent(s), my heirs, executors, and administrators, waive and release any and all rights and claims for damages I have against the YMCA of Columbia-Willamette and/or The City of Sherwood their and/or respective agents, representatives, successors and/or assigned for any and all injuries which may be suffered with me/my child's involvement in the YMCA of Columbia-Willamette.

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_